

# House Amendment 8569

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1 1 Amend Senate File 2334, as amended, passed, and  
1 2 reprinted by the Senate, as follows:  
1 3 #1. By striking everything after the enacting  
1 4 clause and inserting the following:  
1 5 <Section 1. NEW SECTION. 249A.36 HEALTH CARE  
1 6 INFORMATION SHARING.  
1 7 1. As a condition of doing business in the state,  
1 8 health insurers including self-insured plans, group  
1 9 health plans as defined in the federal Employee  
1 10 Retirement Income Security Act of 1974, Pub. L. No.  
1 11 93-406, service benefit plans, managed care  
1 12 organizations, pharmacy benefits managers, and other  
1 13 parties that are, by statute, contract, or agreement,  
1 14 legally responsible for payment of a claim for a  
1 15 health care item or service, shall do all of the  
1 16 following:  
1 17 a. Provide, with respect to individuals who are  
1 18 eligible for or are provided medical assistance under  
1 19 the state's medical assistance state plan, upon the  
1 20 request of the state, information to determine during  
1 21 what period the individual or the individual's spouse  
1 22 or dependents may be or may have been covered by a  
1 23 health insurer and the nature of the coverage that is  
1 24 or was provided by the health insurer, including the  
1 25 name, address, and identifying number of the plan, in  
1 26 accordance with section 505.25, and in a manner  
1 27 prescribed by the department of human services or as  
1 28 agreed upon by the department and the entity specified  
1 29 in this section.  
1 30 b. Accept the state's right of recovery and the  
1 31 assignment to the state of any right of an individual  
1 32 or other entity to payment from the party for an item  
1 33 or service for which payment has been made under the  
1 34 medical assistance state plan.  
1 35 c. Respond to any inquiry by the state regarding a  
1 36 claim for payment for any health care item or service  
1 37 that is submitted no later than three years after the  
1 38 date of the provision of such health care item or  
1 39 service.  
1 40 d. Agree not to deny any claim submitted by the  
1 41 state solely on the basis of the date of submission of  
1 42 the claim, the type or format of the claim form, or a  
1 43 failure to present proper documentation at the  
1 44 point-of-sale that is the basis of the claim, if all  
1 45 of the following conditions are met:  
1 46 (1) The claim is submitted to the entity by the  
1 47 state within the three-year period beginning on the  
1 48 date on which the item or service was furnished.  
1 49 (2) Any action by the state to enforce its rights  
1 50 with respect to such claim is commenced within six  
2 1 years of the date that the claim was submitted by the  
2 2 state.  
2 3 2. The department of human services may adopt  
2 4 rules pursuant to chapter 17A as necessary to  
2 5 implement this section. Rules governing the exchange  
2 6 of information under this section shall be consistent  
2 7 with all laws, regulations, and rules relating to the  
2 8 confidentiality or privacy of personal information or  
2 9 medical records, including but not limited to the  
2 10 federal Health Insurance Portability and  
2 11 Accountability Act of 1996, Pub. L. No. 104-191, and  
2 12 regulations promulgated in accordance with that Act  
2 13 and published in 45 C.F.R. pts. 160 through 164.  
2 14 Sec. 2. EFFECTIVE DATE AND RETROACTIVE  
2 15 APPLICABILITY. This Act, being deemed of immediate  
2 16 importance, takes effect upon enactment and is  
2 17 retroactively applicable to March 1, 2008.>  
2 18 #2. Title page, line 3, by inserting after the  
2 19 word <date> the following: <and a retroactive  
2 20 applicability provision>.  
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